



Human Matters

156. Dr Stefan Heinemann
One AI to Rule Them All?!

135. Erik Van der Eycken
Person-based e-Mental Health Care

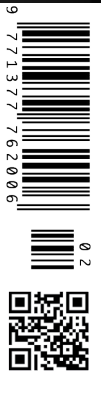
**144. A/A Prof Habeebul Rahman,
Dominic Tung Kuan San**
Staff Wellbeing – In COVID-19 and Beyond

**126. Prof Generosa do Nascimento, Dr
Alzira Duarte**
Healthcare People Management: Preparing
Today's Professionals for Tomorrow

141. Prof Geraldine McGinty
Health Inequity in Radiology and
Solutions for a More Equitable Future

**153. Dr Caterina Corbascio, Dr Gianni
Tognoni**
Mental Health Services Challenged by
COVID-19 - Analysis of a Selected Area
in Northern Italy

**161. Dr Sara Saeed Khurram, Dr Iffat
Zafar Aga**
Sehat Kahani: Addressing the Social
Phenomenon of Doctor Brides





The Importance of Leadership and Humanism in Healthcare

Author: [Sourabh Pagaria](#) | Executive Vice President & Head of Southern Europe | Siemens Healthineers

During the COVID-19 pandemic, healthcare workers around the globe have risked their lives to provide care. A large number of these workers have been infected, and many have died. It is important to evaluate how healthcare workers could have been offered more protection and how their lives and wellbeing should have been at the forefront of healthcare's response to the pandemic. HealthManagement.org spoke to Sourabh Pagaria, Head of the Southern European business of Siemens Healthineers and discussed wellbeing of healthcare staff during the pandemic and how leadership could play a role in ensuring the safety of healthcare workers.





Healthcare staff wellbeing has been a major issue during the pandemic. What is your analysis on how we performed, and what could have been done better?

This is one topic that has been heavily discussed with our customers and healthcare leaders. If we see it from the eyes of a frontline healthcare worker, the scenario is terrifying. Healthcare workers are not used to seeing stress or death the way they have during the pandemic. They are working tirelessly day after day and seeing people dying in front of them. The helplessness they must feel in this situation cannot be ignored. They were also not used to seeing shortage of resources. At the start of the pandemic, healthcare workers had a tough time getting protective gear.

After one year into this pandemic, one big question which is on every healthcare leader's mind is about the mental wellbeing of our healthcare workers. Traditionally, healthcare always has a higher burnout rate than other industries, but we see this at a record level this time. We have to ensure that there are support systems for healthcare workers to practice things like mindfulness, relaxation techniques, stress management, prioritization, handling family, remaining connected and sharing the challenges they face with people they can trust. This is currently not an integral part of how healthcare workers get trained on the job. It is time to make this a regular feature beyond clinical training and include it as part of the continuing education and growth of our healthcare workers.

Why do you think there is such a high prevalence of burnout among healthcare workers?

The COVID-19 pandemic has served as a brutal reminder that the safety of healthcare workers must be top of mind for jurisdictions, health systems and healthcare executives. We cannot protect patients if we cannot protect the people responsible for their care. In September 2020, Amnesty International estimated that at least 7,000 health workers worldwide had died after contracting COVID-19 (Amnesty International 2020). Particularly during pandemics, healthcare workers are the ones who pay the stiffest price; they are the ones required to put their health on the line to care for patients. In addition to their physical health being at risk, healthcare workers have also suffered mentally and emotionally. This affects patient care and healthcare organizations. Illness and absenteeism are prevalent, which can drive up costs. Burnout and fatigue can contribute to mistakes, malpractice claims, and reputational damage. High-stress workplaces can lead to higher staff turnover and low morale, as well as poorer outcomes and diminished patient experience.

Toxic workplace culture is not a rarity in health-care. How do you think this can change?

Protecting healthcare workers means protecting their mental and physical health. To do this, it is important to explore immediate and long-term ways of creating healthier and more



positive work environments. Of equal importance is addressing mental health management, helping workers build the mental resilience they need to handle the stress they encounter.

Support care teams in the acute phase: Many hospitals have already creatively explored immediate short-term solutions for care teams who are under high pressure either physically, mentally or from changed factors at home. During acute situations, leading institutions have implemented care team support such as 24/7 psychological support call centers, options of sleeping on-site, and in some cases, childcare. Many institutions offer training in critical incident stress management to help first responders or caregivers process a traumatic event soon after it happens.

Build long-term mental resilience of care teams with mind-body techniques: Healthcare leaders must ensure that all staff have the skills they need to be mentally and physically healthy and resilient. This will help them provide the best care for their patients and enjoy relatively normal lives away from work. Mind-body techniques such as mindful breathing, active meditation, biofeedback and guided imagery have helped millions of people develop self-awareness, self-care, and self-expression skills and can be effective for healthcare workers.

Establish internal leaders to embed social support: The feeling of being “in this together” is one that most people respond to. A feeling of togetherness and mutual support is particularly important during times of crisis. Being part of a facilitated group enhances participant outcomes, as all can benefit from the sharing of skills and mutual support. Leaders can create small groups who are trained in these techniques. In the long term, such a system allows healthcare organizations to create a culture of care within their team.

Design emergency spaces to alleviate emotional distress: Designing and adapting physical spaces to respond to the unique requirements of a crisis is essential for the physical safety of workers. However, well-designed spaces should also help workers feel safe, contributing to their perceived security and wellbeing. A simple example would be something as basic as a privacy partition, allowing for a moment of downtime and reflection. A more sophisticated take on this idea is a “coping corner”, a private space for care teams when they feel they need a break or some alone time (Wheeler 2020).

Design healthcare facilities with natural spaces for a positive staff experience: The physical design of a facility can create a powerful healing environment and facilitate effective communication among staff and staff and patients. Healthcare facilities should subscribe to this philosophy, with spaces designed around patients and their care pathways. Healthcare facility planners should focus on creating a healing environment that optimizes patient experience.

Build a remote culture: Remote work is now a reality and has allowed many healthcare workers to deliver first-class care while remaining safe, secure and free of debilitating worry and stress. While this is not always possible in a healthcare context, there are many ways for patients and physicians to interact virtually, allowing patients to experience a feeling of human connection. Also, healthcare teams can work with one another through virtual support networks, with all the empathy and mutual support that would be available were they in the same physical room. A change like this should be supported by cultural adjustments to ensure that employees continue to feel valued and integrated into their teams and workplaces.

How should organizational models and leadership priorities evolve in health systems in the post-pandemic world?

Most traditional healthcare service organizations, for example, hospitals, have been structured with organizational models coming from the 20th century and typically have very firm hierarchies and silos of information. This makes cross-system and intra-system collaboration very difficult. When we are faced with a pandemic or a health crisis like this, collaboration, communication, and coordination are three important things that healthcare service providers have to ensure.

Going forward, leadership teams in healthcare service organizations will be particularly challenged to collaborate and find agile ways of quickly making decisions to manage the crisis. Additionally, to drive successful technology adoption within their health systems, leaders need to engage, enable, empower and encourage their teams to change processes, redefine standards and endorse a culture of continuous improvements.

At the same time, increased stress levels in the workforce need to be managed by focusing on staff wellbeing through programs like mindfulness etc. In my view, leaders of today and tomorrow will have to play a big role because when you have to drive such a change, you have to engage the caregivers across the spectrum into this journey and empower them to make local decisions. At the same time, you have to encourage teamwork and create common grounds which are centered around the patient experience.

We saw shortage of resources, hospital beds and healthcare staff. Why do you think the healthcare sector was so unprepared? Which areas should healthcare invest in for better performance in future?

There are multiple factors at play here:

1. Investment in public healthcare infrastructure did not keep pace with the demands of an increasingly aging and chronically ill population in many European countries. Healthcare was often seen as an annoying cost factor than a necessary investment to keep the efficiency and productivity of the economy.



2. Healthcare has been slow in adopting technology tools that could improve the efficiency and productivity of its professionals and processes.

Global health care spending, even before the pandemic, was around \$7.0 trillion. Out of that \$7.0 trillion, only 1% could be invested in technology that could improve efficiency and effectiveness of healthcare processes as well as delivery of care, for example, virtual care technologies, remote diagnosis, remote patient monitoring, or remote surgical capabilities with remote robotics-assisted surgeries. Healthcare has not made this investment. If you compare healthcare with other industries, they invested in automation and technology to drive the cost curve down when they went through high labor and high raw material cost crisis. Healthcare should also start investing in technology to make processes simpler, take the waste out of the system, and improve productivity.

3. Lack of investment in building leadership capacity to manage a crisis of this scale and drive a coordinated response.

Building leadership capacity means helping healthcare leaders prepare for a crisis like this and be the ones who their institutions look up to for guidance. It is important to provide them with the tools and the methodologies and help them gain experience, even if it is through a simulated environment during leadership courses. This can help them gain insight into how to respond and coordinate effectively across their peer group and manage anxiety within the community and patient population.

What core human qualities do you think must be part of healthcare systems to ensure that the importance of humans is retained in this digital age?

Healthcare carries “care” even in its name as an industry. Unfortunately, with increased patient loads, administrative burdens and non-interoperable technology tools, physicians and nurses often find themselves having to compromise on the care aspect of healthcare. As the use, prevalence and versatility of technological tools increases, I expect health systems and providers will be able to focus and invest more in developing human qualities like empathy and compassion for patients and flexibility and collaboration between healthcare staff.

Telemedicine has its benefits. But do you think patients miss the human connection and the face-to-face interaction with their healthcare provider?

The ability of health systems to engage virtually with patients, assess their needs and direct them towards treatment and care is not new, but it has been slow to gain traction. For as long as there have been doctors and nurses, the basic healthcare interaction has been a very human one. When a person feels sick or suffers an injury, they visit a healthcare provider.

This traditional workflow has served healthcare well for generations, but with COVID-19, healthcare system’s limitations are becoming more and more apparent. Patients are approaching healthcare as “consumers” and demanding the same fast, convenient, easy and affordable service they have come to expect in other areas of their lives. In an era characterized by on-demand services, rapid delivery and instant communication, they seem less and less interested in properly using a system that does not satisfy that desire.

The keyword here is **engagement**. A good digital front door strategy allows care teams to engage with patients virtually. This represents a paradigm shift in the way we think about care and how it is delivered. Tele-visits allow patients to easily make appointments and make better use of their waiting time before those appointments. Also, these digital front doors represent potential cost savings for patients in the form of reduced travel time and fewer travel expenses.

Face-to-face contact, in healthcare as in other encounters, does have its advantages. But as this option became unavailable or too risky, digital alternatives quickly emerged to help fill this need. In most cases, patients quickly realized that this alternative was not only safer but more convenient and just as effective. The increased use of digital front doors also generates collateral benefits, including reduced pressure on hospital emergency departments and an ability to more efficiently allocate healthcare resources.

AI has significant potential in healthcare. But there are concerns that it may take away many jobs. What do you think?

One of the great misconceptions about digitalization in healthcare is that it somehow reduces the importance of the relationship between clinicians and their patients. I see digital technologies much more as indispensable tools in enabling an even more patient-focused approach. By making high-quality care more widely available, they can contribute to the democratization of healthcare. In radiology, for instance, AI could help physicians identify tumors and speeding workflow by automating time-consuming tasks. New technologies continue to be developed and refined. However, AI will not replace radiologists. Instead, it has great potential to make medicine more efficient and data-driven. ■

REFERENCES

- Global: Amnesty analysis reveals over 7,000 health workers have died from COVID-19. Amnesty International. Available from <https://www.amnesty.org/en/latest/news/2020/09/amnesty-analysis-7000-health-workers-have-died-from-covid19/>
- Protecting those who protect others. Steps to ensure caregivers’ physical and mental health (2020). Siemens Healthineers Insight Series, Issue 17. Published by Siemens Healthineers GmbH.
- Unlocking the Digital Front Door. How healthcare can be made more accessible (2021). Siemens Healthineers Insight Series, Issue 19. Published by Siemens Healthineers GmbH.
- Wheeler L (2020) The 3 Pillars for Creating a Safe Space: Managing Trauma Symptoms During COVID-19. High Focus Centres. Available from <https://highfocuscenters.pyramidhealthcarepa.com/the-3-pillars-for-creating-a-safe-space-managing-trauma-symptoms-during-covid-19/>